

# Harris Private School

\_\_\_\_\_ - \_\_\_\_\_ School Year

## Family Registration Form

(PLEASE PRINT)

Student's Full name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student's Full name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student's Full name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student's Full name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student's Full name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent/Guardian Contact information

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Father's Address w/city & zip: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Mother's Address if different: \_\_\_\_\_

**Emergency Contact Information** –Who would you like HPS to call In case of emergency, should we not be able to reach you? If you check the “pick up” box, this means that you have informed your contact person that they may be called should your child need a ride home from school,

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick up   
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick up   
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick up   
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick up

### Medical Insurance Information

Health insurance carrier: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_  
Health Insurance Phone # \_\_\_\_\_ Group # \_\_\_\_\_  
Under the name of: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Preferred hospital: \_\_\_\_\_

All parents of new students will be scheduled for an interview with the Superintendent and Principal before the enrollment process is complete.

The registration fee and first month's tuition are due at the time of registration. This fee covers curriculum and yearly standardized testing and will secure your child's enrollment as long as all the other requirements are met.

\$250.00 \_\_\_\_\_ High School  
\$200.00 ..... K-8th Grades

Please sign other side

## Families of Harris Private School Agreement

- I Support the mission, vision, and policies of HPS as outlined in the Handbook, understanding that while I may not always agree with a rule or policy, my support is still necessary and doing so will teach my children to respect the authority placed in their lives by God.
- I give HPS full responsibility for placing my child in the proper grade and class.
- I will attend parent meetings and conferences scheduled by the school.
- I will make it my first priority to attend all school activities in which my child is involved (programs, field days, etc.) thereby assuring him/her my loving support.
- I realize that HPS is a supplement, not a substitute, for a Godly home and family. HPS highly promotes regular church attendance and a personal relationship with Jesus Christ for all their students and families.
- I will support HPS with prayer, and volunteer service. I understand that all parents are expected to participate in addition to tuition as outlined in "Volunteer Commitment" in the Handbook.
- I will understand and support the virtues taught each week at HPS and I will encourage the application of these virtues at home as well.
- I will pay tuition on time. Tuition is due on the FIRST of the month. I agree to the penalties of late payments as outlined in the Handbook.
- I will pay for assessed damage to HPS property made by my student or family.
- I will support HPS in all matters of discipline and dismissal as outlined in the Handbook.
- I agree to share any problem or concern directly with the people (teacher, volunteer, Principal, etc.) who are directly apart of the problem or directly responsible for the solution. Gossip is destructive and divisive. I will not encourage it by listening to the offense of another person. (Matthew 18:15-16)
- I will refrain from taking my child out of school unnecessarily. Consistent attendance is important. I understand that HPS will assign makeup work but I must take the initiative in helping my child get caught up from an absence.
- I agree to adhere to all rules and issues noted in this Handbook & will read and sign all forms required for registration.
- I will contact the administration of the school directly by phone or in person with any reasons for withdrawal from the school.
- I waive any right to civil litigation regarding any dispute with HPS and to accept the School Board's decision as final in all such matters.
- I will submit to a criminal check if I volunteer to work directly with students.
- I will give proof of valid driver's license and insurance if at any time I choose to transport students to or from a school sponsored event- or to complete the Volunteer Driver Form.
- I will see that my child is at school on time and following the appropriate dress code as outlined in the Handbook.

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Date

# Harris Private School

\_\_\_\_\_ - \_\_\_\_\_ School Year

## Emergency Medical Release & Annual Field Trip Release

(PLEASE PRINT)

I give my permission for:

Student's Full name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Full name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Full name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Full name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Full name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_

...to participate in all school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision.

I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Harris Private School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation. **If the child lives with both parents, the release must be signed by both parents/guardians.**

**I understand that this medical information and the consent for treatment will be used for field trips and on-campus activities. I also understand that this Medical Consent shall remain in affect while the student is enrolled at Harris Private School until revoked in writing and delivered to any officer, employee or agent of Harris Private School.**

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Date

Harris Private School

**Tuition Calculation Form 2010-2011**

**ANNUAL SCHEDULE**

GRADE	MONTHLY TUITION "FULL PAY"	SIBLING DISCOUNT	Paid in Full 3% Discount
High School (9 <sup>th</sup> – 12 <sup>th</sup> )	\$4,365.00	\$3,735.00	\$4,234.05
Junior High (6 <sup>th</sup> – 8 <sup>th</sup> )	\$3,195.00	\$2700.00	\$3,099.15
Elementary (K-5 <sup>th</sup> )	\$2,745.00	\$2340.00	\$2,662.65

**9 MONTH SCHEDULE\***

GRADE	MONTHLY TUITION "FULL PAY"	SIBLING DISCOUNT	LATE FEE (PER STUDENT)
High School	\$485.00	\$415.00	\$40
Junior High	\$355.00	\$300.00	\$30
Elementary	\$305.00	\$260.00	\$30

**11 MONTH SCHEDULE\***

GRADE	MONTHLY TUITION "FULL PAY"	SIBLING DISCOUNT	LATE FEE (PER STUDENT)
High School	\$397.00	\$339.55	\$40
Junior High	\$290.00	\$245.45	\$30
Elementary	\$250.00	\$212.72	\$30

\*Every student is paid through Direct Payment unless otherwise authorized by the Superintendent. Direct Payment Transactions will be processed on the 7<sup>th</sup> day of the Month, or next business day.

**STUDENT NAME**

**TYPE**

**MONTHLY  
TUITION PRICE**

The oldest student is "Full Pay"; all other siblings are discounted (except preschool).

	Full Pay	
_____	_____	_____
_____	Sibling Discount	_____
_____	_____	_____
_____	_____	_____

**TOTAL MONTHLY TUITION** \_\_\_\_\_

For Office Use Only:

Annual    9 Month    11 Month   Received & Processed by: \_\_\_\_\_

Harris Private School

**Direct Payment Authorization Form**

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

Note: Be sure to sign the Form!

---

**Please complete the information below.**

I authorize **HARRIS PRIVATE SCHOOL** to initiate electronic debit (or credit, if needed) entries to my:

\_\_\_\_\_ checking account (or) \_\_\_\_\_ savings account

for payment of my **CHILD'S TUITION**.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. **This authority will remain in effect until I have cancelled it in writing.**

Date \_\_\_\_\_

FINANCIAL INSTITUTION NAME (PLEASE PRINT)

\_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

\_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER

\_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE

\_\_\_\_\_

SIGNATURE \_\_\_\_\_